

Page 1 of 2

K063467

**510(k) SUMMARY OF SAFETY AND EFFECTIVENESS INFORMATION** as **NOV 21 2006**  
required by the Safe Medical Devices Act of 1990 and codified in 21 CFR 807.92 upon  
which the substantial equivalence is based.

**Smith & Nephew RF Cannulae**

Date Prepared: **October 20, 2006**

**A. Submitter's Name:**

Smith & Nephew, Inc., Endoscopy Division  
150 Minuteman Road  
Andover, MA 01810

**B. Company Contact**

Minnie Mildwoff  
Regulatory Affairs Specialist  
978-7491538 (phone), 978-7491443 (fax)

**C. Device Name**

Trade Name: Smith & Nephew RF Cannulae  
Common Name: Probe, Radiofrequency Lesion  
Classification Name: Radiofrequency Lesion Probe

**D. Predicate Devices**

The Smith & Nephew RF Cannulae is substantially equivalent in Intended Use and Fundamental Scientific Technology to the following legally marketed device in commercial distribution: Smith & Nephew RF Probe and Cannulae (K034012).

**E. Description of Device**

The Smith & Nephew RF Denervation Probe is a temperature sensing electrode designed for use in radiofrequency lesion procedures. The RF Denervation Probe is used with a disposable Smith & Nephew RF Cannula. Smith & Nephew RF Cannulae are offered in a variety of sizes and tip configurations. The RF Cannulae are packaged sterile for single use.

**F. Intended Use**

Smith & Nephew RF Cannulae are intended to facilitate placement of Smith & Nephew RF Denervation Probes. The Smith & Nephew RF Cannulae are indicated for use in RF heat lesion procedures for the relief of pain.

K 063 467

**G. Comparison of Technological Characteristics**

The Smith & Nephew RF Denervation Probes & RF Cannulae are substantially equivalent in design, materials, function and intended use to the following device cleared for commercial distribution:

- Smith & Nephew RF Probes and Cannulae – K034012

**H. Summary Performance Data**

The Smith & Nephew RF Denervation Probes & RF Canulae meet the requirements of electrical safety standards for UL 60601-1 and IEC 60601-1 when used in combination with the Smith & Nephew Electrothermal® 20S Spine System Generator.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Smith & Nephew, Inc.  
% Ms. Minnie Mildwoff, RAC  
Regulator Affairs Specialist  
Endoscopy Division  
150 Minuteman Road  
Andover, Massachusetts 01810

NOV 21 2006

Re: K063467  
Trade/Device Name: Smith and Nephew RF Cannulae  
Regulation Number: 21 CFR 882.4725  
Regulation Name: Radiofrequency lesion probe  
Regulatory Class: II  
Product Code: GXI, GXD  
Dated: October 23, 2006  
Received: October 24, 2006

Dear Ms. Mildwoff:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

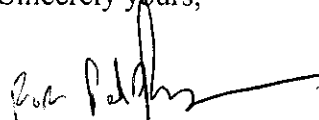
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Ms. Minnie Mildwoff, RAC

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mark N. Melkerson', with a long horizontal flourish extending to the right.

Mark N. Melkerson  
Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

**Indications for Use**

510(k) Number (if known):

K063467

Device Name: Smith and Nephew RF Cannulae

Indications For Use: Smith & Nephew RF Cannulae are intended to facilitate placement of Smith & Nephew RF Denervation Probes. The Smith & Nephew RF Cannulae are indicated for use in RF heat lesion procedures for the relief of pain.

Prescription Use   X  

AND/OR

Over-The-Counter Use   

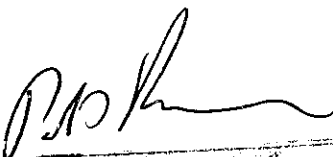
(Per 21 CFR 801 Subpart D)

(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

**Division of General, Restorative,  
and Neurological Devices**

  
(Division Director)  
**Division of General, Restorative,  
and Neurological Devices**

510(k) Number

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